

Collins

Map 12 Lot 37 Blk       **PLUMBING APPLICATION**Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172**PROPERTY ADDRESS**City, Town,  
or PlantationLAMOINE

Street or Road

14 CELTIC LN

Subdivision, Lot #

1**PROPERTY OWNERS NAME**

Name (last, first, MI)

BRIAN WALLS☐ Owner☒ ApplicantMailing Address  
of1369 S. Hwy 102

Owner/Applicant

BARBARA WALLS ME 04609

Daytime Tel. #

460-5295**OWNER OR APPLICANT STATEMENT**

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Brian Walls

Signature of Owner or Applicant

10-8-15

Date

**>> CAUTION: LPI APPROVAL REQUIRED <<**

Town/City

LAMOINE

rmt #

1780Date Permit Issued 10/14/15Fee: \$ 140.00

Double Fee Charged [ ]

Michael Bellamy

Local Plumbing Inspector Signature

L.P.I. # 870

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

**CAUTION: INSPECTION REQUIRED**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Date Approved (Rough-In)

Local Plumbing Inspector Signature

Date Approved (Final)

**PERMIT INFORMATION****This Application Is For**1. ☒ NEW PLUMBING  
INSTALLATION2. ☐ RELOCATED  
PLUMBING**Type of Structure To Be Served**1. ☒ SINGLE FAMILY DWELLING2. ☐ MODULAR OR MOBILE HOME3. ☐ MULTIPLE FAMILY DWELLING4. ☐ OTHER-SPECIFY \_\_\_\_\_**Plumbing To Be Installed By**1. ☒ MASTER PLUMBER2. ☐ MFG'D HOUSING  
DEALER/MECHANIC3. ☐ PUBLIC UTILITY EMPLOYEE4. ☐ PROPERTY OWNERLICENSE # ms 90014661**Hook-Up & Piping Relocation  
Maximum of 1 Hook-Up**1 **HOOKE-UP:** to public sewer in  
those cases where the connection is  
not regulated and inspected by the  
local Sanitary District**OR**1 **HOOKE-UP:** to an existing subsurface  
wastewater disposal system1 **PIPING RELOCATION:** of sanitary  
lines, drains, and piping without  
new fixtures**OR****TRANSFER FEE**  
(\$10.00)**Number****Column 2****Type of Fixture**2

Hosebibb / Sillcock

1

Floor Drain

1

Urinal

1

Drinking Fountain

1

Indirect Waste

1Waste Treatment Softener,  
Filter, etc.1

Grease / Oil Separator

1

Dental Cuspidor

1

Bidet

1

Other: \_\_\_\_\_

1Fixtures (Subtotal)  
Column 2**Number****Column 1****Type of Fixture**2

Bathtub (and Shower)

1

Shower (Separate)

1

Sink

3

Wash Basin

3

Water Closet (Toilet)

1

Clothes Washer

1

Dish Washer

1

Garbage Disposal

1

Laundry Tub

1

Water Heater

1Fixtures (Subtotal)  
Column 11Fixtures (Subtotal)  
Column 22

Total Fixtures

21.00

Fixture Fee

1

Transfer Fee

1

Hook-Up &amp; Relocation Fee

170

Permit Fee

(Total)

☐ Owner ☐ Town ☐ State

rev. 08/2011